MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. 09 619 771

FILING DATE 7-20-00

APPLICANT(S)

CLAIMS

CLAIM	AS FILED IND.	AS FILED DEP.	AFTER 1st AMENDMENT IND.	AFTER 1st AMENDMENT DEP.	AFTER 2nd AMENDMENT IND.	AFTER 2nd AMENDMENT DEP.	CLAIM	* IND.	* DEP.	* IND.	* DEP.	* IND.	* DEP.
(1)	l						51						
2		/					52						
3		/					53						
4		/					54						
5		/					55	/					
6		/					56						
7							57						
8		/					58						
9							59						
(10)	l						60						
(11)	l						61						
12							62						
13							63						
14							64						
15							65						
16		/					66						
17							67						
18							68						
19							69						
(20)	l						70						
21		/					71						
22		/					72						
23		/					73						
24		/					74						
25							75						
26							76						
27		/					77						
28		/					78						
(29)	l						79						
30							80						
31							81						
32							82						
33							83						
34							84						
35							85						
36							86						
37							87						
38							88						
39							89						
40							90						
41							91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	5						TOTAL IND.						
TOTAL DEP.	24						TOTAL DEP.						
TOTAL CLAIMS	29						TOTAL						

BEST AVAILABLE COPY